

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000659**

1. Entity Name  
**THE STANLEY AND JANET KANE FAMILY  
PARTNERSHIP, LTD.**



Principal Place of Business

**539 NORSOTA WAY  
SARASOTA, FL 34242**

Mailing Address

**539 NORSOTA WAY  
SARASOTA, FL 34242**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0738656**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KANE, STANLEY B  
1991 MAIN STREET  
SUITE 260  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**KANE-HARTNETT, BETSY  
1405 WESTBROOK DR.  
SARASOTA, FL 34231**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**KANE, KATHERINE  
4284 BALLARDS MILL RD  
FREE UNION, VA 22940**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**KANE-HELLWEG, PRISCILLA  
1036 NORTHAMPTON STREET  
HOLYOKE, MA 01040**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000390296  
01/23/06-80021-012 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Stanley B Kane* **Stanley B Kane** 1/10/06 941 906 7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE